

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number, or each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 107

Registered No. 137

### 1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Hayden

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make

supplemental report, as directed.

2. Full name of child Joann Beard

3. Sex of Child To be answered ONLY

4. Twin, triplet or other

6. Legitimate?

7. Date

Female  
in event of plural  
births.

5. No., in order of birth

Yes

July 9 1931  
of birth Month Day Year

8. FATHER

14. MOTHER

Full name

Full maiden name

Byron L. Beard

Blanche Treadway

9. Residence

15. Residence

Usual place of abode

Usual place of abode

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

16. Color or race

White

11. Age at last birthday 33 (Years)

White

17. Age at last birthday 30 (Years)

12. Birthplace (city or place)

18. Birthplace (city or place)

(State or country)

(State or country)

Virginia Ill.

Greenville Ill.

13. Occupation

19. Occupation

Nature of Industry

Nature of Industry

Technical Asst.  
Copper Mill

House Wip

20. Number of children of this mother

(a) Born alive and now living 3

21. Were precautions taken against ophthalmia neonatorum?

(Taken as of time of birth of child herein certified and including this child.)

(b) Born alive but now dead 0

(c) Stillborn

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles H. Heston

(Physician or midwife)

Given name added from 124-709-237

Address

Hayden Arizona

Month, day, year

Filed July 11 1931

W. J. P. Paul

Registrar

Registrar